

NOMINATION AND SELECTION GUIDELINES

CHESTERFIELD SENIOR VOLUNTEER HALL OF FAME 2010

There are hundreds of seniors in Chesterfield County who perform services daily for their community. The Chesterfield Senior Volunteer Hall of Fame is designed to recognize those who have rendered unusual or outstanding volunteer service to the community after the age of 65.

NOMINATOR ELIGIBILITY

Nominations can be made by neighbors, friends, churches, senior groups, non-profit service agencies, organizations, businesses, and others who can verify the nominee's qualifications for recognition. The nominator is responsible for providing complete accurate information. Each individual nominator or agency **may nominate only one candidate.**

NOMINEE ELIGIBILITY

The nominee **must reside in Chesterfield County and be age 65 or older.** His or her work must reflect outstanding volunteer service **after the age of 65.** Service before the age of 65 will not be considered. The nominee must be an individual. Couples and groups cannot be considered. A nominee may be nominated more than once, but can only be inducted into the Hall of Fame once. Routine church activities such as choir, Bible study, teacher and fund raising will not be considered. Church sponsored community service will be recognized.

CRITERIA FOR SELECTION

Nominees will be judged on the following criteria. Please consider these carefully when selecting your nominee and completing the nomination form.

1. Age
2. Quality of service - the value of contribution to improvement in the lives of individuals or the community
3. Quantity of services - the time investment documented in hours per week and/or years.
4. Type of volunteer service rendered
5. Factors which add significance to volunteer services

If two persons appear equally qualified during the selection process, the older nominee will be given preference by the selection panel.

NOMINATION

Nominations must be made on the form found on the internet at chesterfield.gov, click on Seniors, or by calling 768-7878. Please answer each section completely. Additional testimonials such as letters and clippings will not be accepted. If space on the form is not adequate, **a single written or typed page listing the requested information about the nominee is acceptable.** The nominee must accept the nomination and be available for the induction ceremony on October 28.

DEADLINE

Nominations must be received by Gail Sutler, Post Office Box 100, Chesterfield, Virginia, 23832 **or** faxed to (804) 751-4497 **or** emailed to gail.sutler@vdh.virginia.gov **by 5:00 p.m. on September 17, 2010.**

Final selection for induction of members to the Chesterfield Senior Volunteer Hall of Fame is made by an independent selection panel. Its members, some of them senior citizens, represent the public and private sector, who are working on behalf of Chesterfield's older citizens. All give their time voluntarily for this program.

Senior Volunteer Hall of Fame
c/o Gail Sutler
Post Office Box 100
Chesterfield, Virginia 23832
Fax – (804) 751-4497
gail.sutler@vdh.virginia.gov

Deadline Date:
Friday, September 17, 2010
Applications received after 5:00 p.m. this date cannot be considered

CHESTERFIELD SENIOR VOLUNTEER HALL OF FAME NOMINATION FORM

This form is to be completed and submitted by the nominating agency, organization or individual. Read the guidelines (page 1) carefully before filling out this form. If any assistance is needed, please call Gail Sutler at 748-1706.

PLEASE TYPE OR PRINT CLEARLY

Nominee Information

Name (Miss. Mrs. Mr. Dr.)

First

Initial

Last

Address

Street

City

State

Zip

Phone #

Number of children

Grandchildren

Date of birth

Month /Day /Year

Age

Place of birth

How long a resident in Chesterfield County

Occupation

Former occupation, if retired

Date of retirement

Employer

Nomination Information

How was nominee selected?

By staff

By special committee

By individual

Other

Name of agency, organization, or individual

Address

Street

City

State

Zip

Designated contact person

E-Mail

Title

Phone

E-Mail

Signature

NOTE: Indicate any above information that cannot be used for publicity

Please Type or Print Clearly

Read guidelines on page 1 carefully before filling out these forms.

List the activities, special achievements or other contributions that reflect the nominee's volunteer service to the community or to society **after the age of 65**. Please be specific. Document the **number of years** and **number of hours** of volunteer service, and summarize actual volunteer activities performed.

Years of Service After age 65 (enter year only)	Number Of Years	Hours (best estimate.)	Volunteer Activities (Please be Specific and Concise)
From: _____ To: _____		_____ Week or _____ Month	_____ _____ _____ _____ _____
From: _____ To: _____		_____ Week or _____ Month	_____ _____ _____ _____ _____
From: _____ To: _____		_____ Week or _____ Month	_____ _____ _____ _____ _____

Volunteer activities continued:

Years of Service After age 65 <i>(enter year only)</i>	Number Of Years	Hours <i>(best estimate.)</i>	Volunteer Activities <i>(Please be Specific and Concise)</i>
From: _____ To: _____		_____ Week or _____ Month	_____ _____ _____ _____ _____
From: _____ To: _____		_____ Week or _____ Month	_____ _____ _____ _____ _____
From: _____ To: _____		_____ Week or _____ Month	_____ _____ _____ _____ _____
From: _____ To: _____		_____ Week or _____ Month	_____ _____ _____ _____ _____

Identify the activity or activities that you as a nominator consider the nominee's **most outstanding achievement after the age of 65**, and explain why you consider this to be the nominee's most outstanding achievement. Please be specific. It must be a volunteer activity which has significance for Chesterfield County or the Richmond Metropolitan area.

List special factors, such as declining health, disabilities, or personal responsibilities, if any, which add significance to the nominee's accomplishments.

List special publications, such as club, lodge, or employee newsletters, which would be interested in news about the nominee:

Publication Name

Contact Name

Address

Street City State Zip

Phone

 E-mail Address

Publication Name

Contact Name

Address

Street City State Zip

Phone

 E-mail Address
